

New:

License Fee: \$57.50

Renewal: X

Receipt #: 120617

APPLICATION FOR
PAWNBROKER, SECONDHAND ARTICLE DEALER,
SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET
LICENSE

<input type="checkbox"/> Pawnbroker	<input checked="" type="checkbox"/> Secondhand Article	<input checked="" type="checkbox"/> Secondhand Jewelry	<input type="checkbox"/> Mall/Flea Market
\$210.00	\$27.50	\$30.00	\$165.00 (2 yrs)
(Bond required)			

Real/Legal name of Applicant:

Business name & address: La Crosse business address:

Estate Buyers of LaCrosse (If different from address at left)
309 4TH. ST. S.
LaCrosse WI 54601

Business telephone number: *608-785-2274*

Owner's name & address: *Bruce Ostrander*
408 9TH. ST. S.
LaCrosse WI 54601

Owner's telephone number: *608-498-1285*

Manager's name & address: *Same*
CITY OF LA CROSSE, WI
General Billing - 120617 - 2014
001147-0113 Amber W. 10/13/2014 01:27PM
117305 - ESTATE BUYERS OF LA CROSSE

Manager's telephone number: *Same*
Payment Amount: 57.50

Building owner's name & address: *Same*

Building owner's telephone number: *Same*

License Period:

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of ss. 134.71, 943.34, 948.62 or 948.63, Wis. Statutes.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

B. Ostrander *10-13-14*
(Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

OFFICE USE ONLY Granted: _____ License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: Ostrander Bruce Alan
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 408 9TH ST S - LaCrosse WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: 6-3-59 Home Phone: 608 498 1285 Daytime Phone: 608 785 2274

Violations: none

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____